

30-A R.C. 3517.10



05 APR 20 PM 12: 15

Ohio Campaign Finance Reportaklin county BOARD OF ELECTIONS

Prescribed by Secretary of State 02/01

| | | | | | | | | | | - | | |
|-------------------------------|-------|-------------|-------------|--------------|-------------------|---------|---------------|-------|----------|----------|------------|-------------|
| Full Name of Committee | | | | | | | | | Registra | tion Num | ber, if PA | ıC |
| Citizens for Do | rrian | Committee | | | | | | | | | | |
| Full Name of Candidate | | | | | | | | _ | | | | |
| Hugh J. Dorria: | n . | | | | | | | | | | | |
| Street Address | | | | | | | Office Sought | | | | District | |
| 425 Derrer Rd. | | | | | | | City Auc | litor | | | | |
| City | | | | | | | | St | ate | Zip Cod | е | |
| Columbus | | | | | | | | 0 | Н | 432 | .04 | |
| | Х | | | 1 . | | | | | | | | Annual Year |
| Type of Report | ^ | Pre-Primary | | Post-Primary | | Pre- | General | | Post-Ger | neral | <u> </u> | 1 |
| falson X sadha hali alfiqirat | | July | | August | | Sept | ember | | | | | |
| Tea | | Monthly | | Monthly | | Mon | ithly | | Termina | tion | | |
| Amended Report? | | Report Ele | ctronically | filed? | No. of the second | | | 1 | M | | D | Y |
| ☐ Yes 🖸 |] No | | Yes | ✓ No | FULLY OF | ijiyati | | 1 | 1 | 0 | 8 | 0 5 |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

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|---|-----------------|---|
| la Amengalagangin for verektivar han repeat | \$ 1,790.32 V | |
| z Bondina history contributions (Progrident Projection) | \$ 45,955.00 | , |
| p. Took other invoice (Figure 1905), which is a viscol | \$ 0.01 | |
| ks planet funds at affathe (source) have 1, 2, 3) | \$ 47,745.33 | |
| b Farshmeyetay experiment (combine) (combine) | \$ 19,163.46 | • |
| t. Baltanets es, ligane (time 4 minue line 5) | \$ 28,581.87 | |
| P. Vannesa indicate contributions was very (1 to 1 is a 150 ft). | \$ | |
| P. Vellië et jy kard 20 julianame mende Oren (1997). (1. 18.18.28 | \$ | |
| B. Onest making capaciting and the constraint of them that the state of the | \$ | |
| 100 Openium produkt svenik za cennistija 100 prokus 200. | \$ | |
| Fi, Onistadino hena exect so remadina el rexel messos. Lesto | \$ | |
| u 2. Velac of indisposition (esseminures music discons) care fire (3.4%) | \$ | |
| To the Brothist interplatities and Somethings to hand and me of any more land, even on the product | \$ | |

| THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER | | | | | | |
|---|------------------------------|----------------|-------------|---|-------|-------|
| COMMITS ELECTION FALSIFICATION IS O | GUILTY OF A FELONY OF | THE FIFTH DEGI | EE COM OF I | 0 | | |
| Robert L. McDaniel Treasu | urer K | down | T Master | | 04/ | 20/05 |
| Print Name and Title (Treasurer and Deputy Treasurer | rer only) Sign | ature | | | | Date |
| Contribution | Expenditure | | Other | | Total | |
| pages <u>17</u> | pages 5 | | pages15 | | pages | 37 |

| 3 | 1- | Α | | |
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| R. | C. | 35 | 17. | 10 |

appear. R.C. 3517.10(B)(4)

| Page _ | 1_ |
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| _ | |

Page Total \$ 45,955.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | |
|--|--|--------------|---------------------------------------|------------|------------|-------------|--------------------------------------|--|
| Citizens for Dorrian Committee | | | <u> </u> | 7- | | | | |
| Full Name of Contributor | | | | Registra | ition Num | ber, if PA | AC | |
| Contributions form form No. 31 E | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | | Form (Cash, Check, etc.) 45705.00 | |
| City | St | ate | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | | Registra | tion Nur | iber, if P | AC | |
| National City Corporation | | | | 1 - | 256 | • | | |
| Street Address | Employ | er/Occup | pation/Labor Organization | <u> </u> | | | Form (Cash, Check, etc.) | |
| 1900 E Ninth St | | ··· | | | | | | |
| City | Sı | ate | Zip Code | М | D | Y | Amount | |
| Cleveland | 0 | Н | 44114 | 0 2 | 2 3 | 0 5 | 250.00 | |
| Full Name of Contributor | | · | 11111 | | tion Nun | | | |
| Annual Color | | | | | | | · | |
| Street Address | Employ | er/Occup | pation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | Si | tate | Zip Code | М | D | Y | Amount | |
| | | | | | 1 | | | |
| Full Name of Contributor | | ! | | Registra | ation Nun | nber, if Pa | AC | |
| Street Address | Employ | er/Occup | pation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| | 1 | | la: 0 1 | 111 | T D | Τv | | |
| City | S | tate | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | - | | Registra | ation Nun | nber, if P | AC | |
| Street Address | Employ | er/Occup | pation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| | | | Ta: 6 4 | 1 1/ | 1 5 | ΤΥ | Amount | |
| City | 3 | tate | Zip Code | М | D | 1 | Amount | |
| | | | <u> </u> | D | ation Nun | abas if D | A.C. | |
| Full Name of Contributor | | | | Registr | ation Isun | noer, ii r | AC | |
| Street Address | Employ | ег/Осси | pation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | s | tate | Zip Code | M | D | Y | Amount | |
| Full Name of Contributor | | | · · · · · · · · · · · · · · · · · · · | Registr | ation Nun | nber, if P | AC | |
| Street Address | Employ | er/Occuj | pation/Labor Organization | <u> </u> | | | Form (Cash, Check, etc.) | |
| City | s | tate | Zip Code | М | D | T Y | Amount | |
| | | | <u> </u> | | | | | |
| Full Name of Contributor | | | | Registr | ation Nur | nber, if P | AC | |
| Street Address | Employ | er/Occuj | pation/Labor Organization | | | | Form (Cash, Check, etc.) | |
| City | . s | tate | Zip Code | M | D | Y | Amount | |
| * Required for contributions over \$100 to statewide and general asser | nbly candid | lates. If o | L contributor is self-employed, oc | cupation r | ather thar | employe | er should be listed. | |

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must

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Statement of Other Income

Prescribed by Secretary of State 2/01

| N | | | | |
|--|-------------|---------------|---|------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | |
| Full Name | | | Registration Number, if PAC | |
| | | | Registration (vumber, it FAC | |
| Planks Café | T* | | M D Y Amount | |
| Address A | Type* | | | 0.01 |
| 743 Parson Ave | R E | Zip Code | 1 2 3 1 0 4 Form(Cash,Check,etc) | 0.01 |
| City | 1 | 43206 | adj. | |
| Columbus | OH | 43200 | | |
| Full Name | | | Registration Number, if PAC | |
| Address | Type* | | M D Y Amount | |
| A LOUIS SEE SEE SEE SEE SEE SEE SEE SEE SEE S | 1 | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| · | | 2.000 | | |
| Full Name | <u> </u> | | Registration Number, if PAC | |
| a un rume | | | 1.03 | |
| Address | Type* | | M D Y Amount | |
| 1 | 1 | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| City | J J | Zip Code | r omi(cash, oneon, ore) | |
| Full Name | 1 1 | <u></u> | Registration Number, if PAC | |
| | | | | |
| Address | Type* | | M D Y Amount | |
| | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| | | ' | | |
| Full Name | | | Registration Number, if PAC | |
| | | | 1 | |
| Address | Type* | | M D Y Amount | |
| | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| | | | | |
| Full Name | | | Registration Number, if PAC | |
| | | | * | |
| Address | Type* | | M D Y Amount | |
| * | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
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| Full Name | | | Registration Number, if PAC | |
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| Address | Type* | | M D Y Amount | |
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| Full Name | | | Registration Number, if PAC | |
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| Address | Type* | | M D Y Amount | |
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| City | State | Zip Code | Form(Cash,Check,etc) | |
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* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

| Page Total \$ | 0.01 |
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Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | |
|-----------------------------------|-------------|----------------|-------------------|-------------------|
| Citizens for Dorrian Committee | | | <u> </u> | |
| To Whom Paid | | | M D Y Amount | A |
| Ohio Ethics Commision | | | 0 1 2 0 0 5 | 25.00 V |
| Address | Purpose | | | |
| 8 E Long St | Fees | | | |
| City | State | Zip Code | Check Number | |
| Columbus | O H | 43215 | 2115 | |
| To Whom Paid | | | M D Y Amount | 47.00 |
| Franklin County Board of Election | · | | 0 1 2 6 0 5 | 45.00 |
| Address | Purpose | | | |
| 280 E Broad St | Fees | 17:- C-4- | Check Number | |
| | State H | Zip Code 43215 | 2116 | |
| Columbus To Whom Paid | 1 () 11 | 45215 | M D Y Amount | |
| Weinsenbach Speciality Printing | | | 0 1 3 1 0 5 | 310.00 |
| Address | Purpose | | [0]1[0]1[0]3[| 510.00 |
| 437 Holtzman Ave., | Stationa | rv | | |
| City | State | Zip Code | Check Number | |
| Columbus | O H | 43205 | 2118 | |
| To Whom Paid | 1111111 | 10200 | M D Y Amount | |
| St. Charles Preparatory School | | | 0 1 3 1 0 5 | 25.00 |
| Address | Purpose | | U I I U I I U U U | |
| 2010 E Broad St. | Advert | sino | | |
| City | State | Zip Code | Check Number | |
| Columbus | $O \mid H$ | 43209 | 2119 | |
| To Whom Paid | | <u> </u> | M D Y Amount | |
| Postmaster | | | 0 2 0 1 0 5 | 74.00 |
| Address | Purpose | | | |
| | Stamps | | | |
| City | State | Zip Code | Check Number | |
| | $O \mid H$ | 43215 | 2120 | |
| To Whom Paid | | | M D Y Amount | |
| Hugh J. Dorrian | | | 0 2 0 3 0 5 | 3,000.00 V |
| Address | Purpose | | | |
| 999 Birchmont Rd | Loan Re | | | |
| City | State | Zip Code | Check Number | |
| Columbus | $O \mid H$ | 43220 | 2121 | |
| To Whom Paid | | | M D Y Amount | 45.00 1 |
| Clintonville Area Commision | | | 0 2 0 4 0 5 | 45.00 V |
| Address | Purpose | · D: | | |
| 4219 N High St. | | sion Dinner | | |
| Calumiana | State | Zip Code | Check Number 2122 | |
| Columbus To Whom Paid | <u> 0 H</u> | 43214 | M D Y Amount | |
| Expenditures from form 31-F | | | | 12,583.25 |
| Address | Purpose | | 10 1 4 / 0 3 | 14,000.20 |
| Variation 2 | r in pose | | | ļ |
| City | State | Zip Code | Check Number | |
| | J. State | - P COUR | | |
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Page Total \$ 16.107.25

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Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | l / |
|--|-----------------|-------------|-------|--|----------|------------|
| Citizens for Dorrian Committee | | | | | | / |
| To Whom Paid | | | | M D Y A | mount | 1 / |
| AMEX | | | | 0 2 1 5 0 5 | 67.04 | IV |
| | Purpose | | | | | * |
| STE 0001 | | ss Luncl | nes | | ÷ | , |
| City | State | Zip Code | (0070 | Check Number | | |
| Chicago | I L | | 60079 | 2125 | L | / |
| To Whom P CDP | | | | $\begin{bmatrix} M & D & Y & A \\ 0 & 2 & 1 & 7 & 0 & 5 \end{bmatrix}$ | 1,000.00 | l√ |
| Address | Purpose | | | 10 2 11 1 10 01 | 1/000.00 | |
| 222 E Town St | | | | | | |
| City | State | Zip Code | | Check Number | | / |
| Columbus | O H | [] | 43215 | 2126 | | |
| To Whom Paid | | | | | mount | l. / |
| Franklin County Democratic Party | | | | 0 3 0 3 0 5 | 75.00 | IV |
| Address | Purpose | | | | | |
| 222 E Town St | Dinner | | | G: 13: 1 | | |
| Calambas | State | Zip Code | 42015 | Check Number 2128 | | |
| Columbus To Whom Paid | $O \mid H$ | | 43215 | | mount | . / |
| Ohio State University | | | | 0 3 0 3 0 5 | 824.00 | * V |
| Address | Purpose | | | 10[3]0[3]0[3] | 024.00 | ! |
| 1100000 | | ll Ticket | 's | | | |
| City | State | Zip Code | | Check Number | | . / |
| Columbus | -10° H | [] | | 2129 | | . / |
| To Whom Paid | | | | M D Y A | mount | 1,/ |
| CME Visa | | | | 0 3 1 6 0 5 | 68.74 | JY |
| Address | Purpose | | | | | |
| 365 S Front St | | ss Lunc | | | | , |
| City | State | Zip Code | | Check Number | | / |
| Columbus To Whom Paid | $O \mid P$ | 1 1 | 43215 | 2130 M D Y | | / |
| AMEX | | | | 0 3 1 6 0 5 | 117.26 | IV |
| Address | Purpose | | | TO TO TATE | | 1 |
| STE 0001 | Busine | ss Lunc | hes | | | |
| City | State | Zip Code | | Check Number | | i i |
| Chicago | I I L | | 60079 | 2131 | | · / |
| To Whom Paid | | | | | mount | * 1/ |
| Wheststone Post Prom Party | | | | 0 3 2 5 0 5 | 50.00 | |
| Address | Purpose | | | | | |
| 76 Acton Rd | Adver | | | CI 1 N 1 | | / |
| Calumalana | State | Zip Code | 43214 | Check Number 2133 | | / |
| Columbus To Whom Paid | $\frac{1}{1}$ | 1 | 43214 | | mount | |
| Connell Maple Lee Florist | | | | 0 4 0 4 0 5 | 180.36 | * |
| Address | Purpose | | | 101210121012 | 100.00 | 1 |
| P.o. Box 330 | Flower | rs | | | | 1 |
| City | State | Zip Code | | Check Number | | 1 |
| Lebanon | рΙΑ | 1 . | 17042 | 2135 | | |
| The state of the s | | | | | | - / |

| Page 3 |
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Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full Citizens for Dorrian Committee | · · · · · · · · · · · · · · · · · · · | | | | |
|--|---------------------------------------|---------------------------------------|-----------|----------|---------------|
| To Whom Paid | | | М | D Y | Amount |
| St. Stephens Community House | | | 0 4 | 0 5 0 5 | 60.00 |
| Address | Purpose | | | | |
| 1500 E 17th Ave | Lunche | | | | |
| City | State | Zip Code | Check N | | |
| Columbus | $O \mid H$ | 43219 | | 2136 | |
| To Whom Paid | | | M | D Y | Amount (12.01 |
| Buckeye Prining | In. | | 0 4 | 1 2 0 5 | 613.81 |
| | Purpose Palm C | 'arda | | | |
| 217 N Grant Ave | State | Zip Code | Check N | umber | |
| Columbus | 1 1 77 | | Check Iv | 2137 | |
| To Whom Paid | I O H | 45215 | М | D Y | Amount |
| 10 Wholit Falu | | | " | | , mount |
| Address | Purpose | | | | j. 1 |
| City | State | Zip Code | Check N | umber | |
| City | | 2.5 3330 | | | |
| To Whom Paid | | | М | D Y | Amount |
| | | • | | | |
| Address | Purpose | | - <u></u> | | |
| City | State | Zip Code | Check N | umber | |
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| 0: | | Izi- Code | Charles | lumbar | |
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Page Total \$ 673.81

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Statement of Loans Received

Prescribed by Secretary of State 2/01

| Citizens for Dorrian Committee From Whom Received Hugh J. Dorrian, candidate State Zip Code Columbus O H 43220 Date Loans Received This Period Date Amount Date Amount Proof Amount Proof Amount Amt. Incurred this Period O.00 Payments This Period Amount Proof Amount Payments This Period Date Amount Amount Date Amount Amt. Incurred this Period Amount Amt. Incurred this Period Date Amount Amt. Incurred this Period Date Amount Amt. Incurred this Period Date Amount Amt. Incurred this Period Date Amount Proof Amount Amt. Incurred this Period Date Amount Amt. Incurred this Period Date Amount Amount Proof Amount Amt. Incurred this Period Date Amount Date Amount Date Amount Amt. Incurred this Period Date Amount Date Payments This Period Amount Amt. Incurred this Period Date Amount Date Payments This Period Amount Amt. Incurred this Period Date Amount Date Payments This Period Amount Amt. Incurred this Period Date Amount Amt. Incurred this Period Date Amount Date Payments This Period Amount Amt. Incurred this Period Date Amount Date Payments This Period Date Amount Amt. Incurred this Period Date Amount Payments This Period Date | Full Name of Committee | | | · · | | | | | | | | | |
|--|---|--------------|-----|----------|--|--------|---------|------|--------|--------|-----|--------------|---------------------------|
| Prior Amount Amt. Incurred this Period 3,000.00 3,000.00 3,000.00 0,000 | | mittoo | | | | | | | | | | | |
| Hugh J. Dorrian, candidate 999 Birchmont Rd. State Zip Code O Date Amount Date Amount 1 1 2 9 0 4 1 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 2 9 0 1 4 1 2 9 0 1 4 1 2 9 0 1 2 9 1 2 9 0 1 2 9 1 2 9 0 1 2 9 1 2 9 0 1 2 9 1 | | nutiee | ··· | | | | | Prio | r Am | ount | | | Amt Incurred this Period |
| Address 999 Birchmont Rd. State Zip Code Date Date Amount Date Date Amount Date Date | · · | <u>ام</u> | | | | | | 1110 | ı Allı | ount | | | |
| 999 Birchmont Rd. State Zip Code Loans Received This Period Date Amount Date Payments This Period Amount Date Payments This Period Payments This Period Date Payments This Period Payments This | | ie | | | • | | | | | | | | |
| Columbus Columbus | • | | | | | | | | | | | | T . |
| Columbus O H 43220 Date Amount Amt. Incurred this Period Date Da | | 7:- 0-1- | | | | | | | | _ | | | |
| The first Converse of Figure Columbus This Period Date | I | ' | Loa | | ved I his | Period | Amount | | | | | raym | |
| 1 | | | 3/1 | | T V | le. | Amount | L. | | | | , | |
| Registration Number, if PAC M D Y City Auditor- City of Columbus From Whom Received Address City State Zip Code Loans Received This Period Date Amount Amt. Incurred this Period Date Amount Amt. Incurred this Period Date Amount Date Date Amount Date Date Amount Date Amount Date Date Amount Date Date Amount Date Amount Date Amount Date Amount Date Amount Date Date Amount Date Amount Date Amount Date Amount Date Amount Date Date Amount Date D | | 1 . 1 . 1 | 1 1 | | 1 | ľ | 3000.00 | ı | | | | | 1 |
| City Auditor- City of Columbus From Whom Received Address Outstanding Balance City State Zip Code Loans Received This Period Date Amount | Registration Number, if PAC | <u> </u> | М | | Y | | | М | | D | , | (| |
| Prior Amount Amt. Incurred this Period Outstanding Balance | Employer/Occupation/Labor Organization* | | М | D | Y | | | М | | D | , | ′ | 1 |
| Outstanding Balance City State Zip Code Loans Received This Period Date Amount Date Amount | City Auditor- City of Colum | nbus | | | | ŀ | | | | | | | · |
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| Address City State Zip Code Loans Received This Period Payments This Period Date Amount Date Amount Units Communication Date Amount Dat | Employer/Occupation/Labor Organization* | | М | Q | Y | | | M | | D | ` | Y | |
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| Date Amount Date Amount Detail den was originally M D Y M D Y S M D Y S THEFT OF THE PROPERTY M D Y M D Y S | Address | | | | · · · · · · | | | | | | | | Outstanding Balance |
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| | ** | | 1 | Date | | | Amount | 1 | | D | ate | | Amount |
| | | D Y | М | D | Y | S | | М | I | Q | 1 | Y | S |
| Registration Number, it PAC | Registration Number, if PAC | | М | D | Y | | | М | | D | + | Y 1 | |
| Employer/Occupation/Labor Organization* M D Y M D Y | | | | | | - | | L. | | | | حنل | |
| Employer/Occupation/Labor Organization* M D Y M D Y | Employer/Occupation/Labor Organization* | | М | ט | Y | | | ı M | | ر ا | | | |

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2).

Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

| 1 | Total prior amount \$ | 0.00 | |
|---|-------------------------------|----------|----------------------------|
| 2 | Total received this period \$ | 3,000.00 | (To Form No. 31-A-2) |
| 3 | Total Payments this Period \$ | 3,000.00 | (also regord on Form 31-B |
| 4 | Total Outstanding Balance \$ | 0.00 | (to Form No. 30-A) |

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| R. | C. | 35 | 17. | 10 | B |

| Event Date | 01/27/05 |
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| Page | 1 |

| | Prescribed by Sec | retary of State 02/01 | | | | | |
|--------------------------------|----------------------|---------------------------|----------|-----------|----------------|---------------------------------------|--------|
| Name of Committee in Full | | | | | | | |
| Citizens for Dorrian Committee | | | <u> </u> | | | | |
| Full Name of Contributor | | | Registra | ion Num | ber, if PA | .C | |
| Guy Amicon | | | | | | · · · · · · · · · · · · · · · · · · · | |
| Street Address | 1 | ation/Labor Organization* | M | D | Y | Amount | 050.00 |
| 6005 Alkire Rd | | Columbus | | 1 0 | | | 250.00 |
| City | State | Zip Code | 1 ' | sh,Check | | | |
| Columbus | O H | 43119 | | Checl | | | |
| Full Name of Contributor | | | Registra | ion Num | ber, if PA | .C | • |
| Richard Pfeiffer Jr. | · · | | | | , | | |
| Street Address | | ation/Labor Organization* | M | D | Y | Amount | |
| 238 E. Royal Forest | | Columbus | 0 1 | | | | 250.00 |
| City | State | Zip Code | 1 ' | sh,Check | | | |
| Columbus | $\perp_{O} \mid_{H}$ | 43214 | | Checl | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | 'C | |
| Thomas Isaacs | | | | | | | |
| Street Address | | ation/Labor Organization* | M | D | Y | Amount | |
| 1197 Three Forks Dr. | City of C | Columbus | 0 1 | | | | 100.00 |
| City | State | Zip Code | | sh,Check | | | |
| Westerville | $O \mid H$ | 43081 | | Checl | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | C | |
| Don L. Brown | | | | | | | _ |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 3921 Lytham Ct. | Brown & | & Co CPA LLC | 0 1 | 1 0 | 0 5 | | 250.00 |
| City | State | Zip Code | | ish,Check | | | |
| Upper Arlington | $O \mid H$ | 43220 | | Checl | k | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | /C | |
| Robert Jeffrey | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 296 Ashbourne Pl. | Jeffery C | Co. | 0 1 | 1 1 | 0 5 | | 250.00 |
| City | State | Zip Code | Form(Ca | sh,Check | c,etc) | | |
| Columbus | $O \mid H$ | 43209 | | Checl | k ^s | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | VC | |
| Thomas J. Ayers | | | ļ | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M | D | Y | Amount | |
| 488 Clark State Rd | Not Apr | olicable | 0 1 | 1 2 | 05 | | 250.00 |
| City | State | Zip Code | Form(Ca | ish,Check | c,etc) | | |
| Gahanna | $O \mid H$ | 43230 | | Chec! | k | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | C | |
| Robert I. Weiler | | | 1 | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 41 S High St Ste 2250 | The Rob | ert Weiler Co. | 0 1 | 1 3 | 0 5 | | 250.00 |
| City | State | Zip Code | | sh,Check | | | |
| Columbus | $O \mid H$ | 43215 | | Chec! | k | | |
| | | <u> </u> | | | | | |

Fill in the boxes below only on the last page for this event.

| | | Y |
|--------------------------------|-------------------------------|------------------------|
| Total contributions this event | Total expenditures this event | |
| | | Page Total \$ 1.600.00 |
| | | |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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| R. | C. | 35 | 17. | 10 | (B) |

| Event Date | 01/27/05 |
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| Page | 2 |

| | Frescribed by Seci | etary of State 02/01 | | | | | |
|--------------------------------|--------------------|---------------------------------------|-----------------------------|-----------|------------|--------|----------|
| Name of Committee in Full | | | | | | | |
| Citizens for Dorrian Committee | | | | | | | · |
| Full Name of Contributor | | | Registration Number, if PAC | | | | |
| Richard Pieplow | | | | | | · | |
| Street Address | 1 ' ' | ation/Labor Organization* | M | D | Y | Amount | |
| 357 Betz Rd. N. W. | City of C | Columbus | | 1 8 | | | 250.00 |
| City | State | Zip Code | 1 | sh,Check | | | |
| Lancaster | O H | 43130 | | Check | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | .C | |
| Robert McLaughlin | | | | | | | |
| Street Address | | ation/Labor Organization* | M | . D | Y | Amount | |
| 105 W. Plum St. | City of C | Columbus | 0 1 | | | | 250.00 |
| City | State | Zip Code | | ash,Check | | | |
| Westerville | $\mid O \mid H$ | 43081 | 1 | Chec! | <u> </u> | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | 'C | |
| E. B. Sisson | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 100 Urlin Ave. Apt A. 16 | Not Apr | olicable | 0 1 | 2 0 | 0 5 | | 250.00 |
| City | State | Zip Code | Form(C | ash,Checl | | | |
| Columbus | $ \cap$ $+$ H | 43212 | | Chec! | < | | |
| Full Name of Contributor | | · · · · · · · · · · · · · · · · · · · | Registra | tion Num | ber, if PA | ıC | • |
| John E. Jones | | | - | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 528 Clark State Rd. | Not Apr | | 011 | 2 0 | 0 5 | | 250.00 |
| City | State | Zip Code | | ash,Check | | | |
| Gahanna | $O \mid H$ | 43230 | | Chec | k . | | |
| Full Name of Contributor | | | | tion Num | | ıC . | |
| James P Joyce | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M | D | Y | Amount | ···· |
| 1335 Dublin Rd. Ste 100B | 1 | y & Assoc | 0 1 | 2 4 | 0 5 | 1 | 5,000.00 |
| City | State | Zip Code | | ash,Checl | | | 0,000.00 |
| Columbus | O H | 43215 | , | Chec | | | |
| Full Name of Contributor | 1 () 11 | 10210 | Registration Number, if PAC | | \C | | |
| Daniel R. Helmick | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | ГΥ | Amount | |
| 2050 Ellington Rd | | vernment Adv. | | 1 5 | 1 | | 250.00 |
| City | State | Zip Code | | ash,Checl | | | 200.00 |
| Columbus | OH | 43221 | 1 ' | Chec | | | |
| Full Name of Contributor | | 101111 | | tion Nur | | AC . | |
| Mark K. Milligan | | | 1 | | | | |
| Street Address | Employer/Occurs | ation/Labor Organization* | М | D | Y | Amount | · |
| P.O. Box 12333 | | anklin Afordable | 0 1 | 2 0 | 1 | ** | 1,000.00 |
| P.O. DOX 12333 City | State | Zip Code | | ash,Check | | | 1,000.00 |
| | O H | 43212 | , | Chec | | | |
| Columbus | $10 \mid \Pi$ | 13414 | | CHEC | | | |

| Fill in the boxes below only on the last page for this even | i. |
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|--------------------------------|-------------------------------|------------------------|
| Total contributions this event | Total expenditures this event | |
| | | Page Total \$ 7.250.00 |
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01/27/05 |
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| Page | 3 |

Prescribed by Secretary of State 02/01

| | Prescribed by Secri | etary of State 02/01 | | | | | |
|--|---|---------------------------------------|--|------------|---------------|-------------|-------------|
| Name of Committee in Full Citizens for Dorrian Committee | | | | | | | |
| Full Name of Contributor | | | Registro | tion Numb | ver if DA | C | |
| Sally W. Bloomfield | | | Nogratial | ZON ITUINE | , <i>н</i> ГА | ~ | |
| Street Address | Employer/Occupa | tion/Labor Organization* | М | D | Y | Amount | |
| 3741 Romnay Rd | | Eckler LLP | 0 1 | 1 7 | 0 5 | | 250.00 |
| City | | Zip Code | | sh,Check, | | | |
| Columbus | OH | 43220 | | Check | | | |
| Full Name of Contributor | | | | tion Numb | | С | |
| Gregory M Howard | | | | | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | M | D | Y | Amount | |
| 3540 Aaron Dr. | | Columbus | $\begin{bmatrix} 0 \\ 0 \end{bmatrix} 1$ | 1 9 | 0 5 | 1 | 20.00 |
| City | | Zip Code | | sh,Check | | | _5.00 |
| Columbus | OH | 43228 | | Check | | | |
| Full Name of Contributor | | · | | tion Numb | | .C | |
| Thomas Kaplin | | | | | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | М | D | Y | Amount | |
| 207 E Desj;er Ave/ | Attorney | <i>r</i> | | 1 8 | | | 250.00 |
| City | State | Zip Code | | ish,Check | | | |
| Columbus | OH | 43206 | L | Check | <u><</u> | | |
| Full Name of Contributor | | | Registra | tion Numb | ber, if PA | .C | |
| William Faith | | | L | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | М | D | Y | Amount | |
| 340 Clinton Heights Ave | | n Homeless Housir | | 1 5 | 0 5 | | 250.00 |
| City | State | Zip Code | Form(Ca | sh,Check | ,etc) | | |
| Columbus | OH | 43202 | | Check | | | |
| Full Name of Contributor | | | Registra | tion Numl | ber, if PA | ı.C | |
| Frank J Cipriano | | · · · · · · · · · · · · · · · · · · · | | | | | |
| Street Address | 1 | ation/Labor Organization* | М | D | Y | Amount | |
| 39 E Whitter St | | and Development | 0 1 | | | L | 250.00 |
| City | State | Zip Code | | ash,Check | | | |
| Columbus | $O \mid H$ | 43206 | | Checl | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | /C | |
| John C Rosenberger | | | <u></u> | · · · · · | | | |
| Street Address | 1 | ation/Labor Organization* | M | D | Y | Amount | 050.00 |
| 804 City Park Ave | Attorney | | | 1 6 | | | 250.00 |
| City | State | Zip Code | , | ash,Check | | | |
| Columbus | O H | 43206 | | Checl | | الكالمار | |
| Full Name of Contributor | | | - | tion Numi | ber, if PA | vc | |
| Plumbers & Pipefitters L.U. 189 | <u> </u> | | #622 | | | T | |
| Street Address | Employer/Occupa | ation/Labor Organization* | M | D | Y | Amount | E00.00 |
| 1250 Kinnear Rd. | | | 0 1 | 1 8 | 0 5 | | 500.00 |
| City | State | Zip Code | | ash,Check | | | |
| Columbus | OH | 43212 | | Checl | K | | |
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Fill in the boxes below only on the last page for this event.

| in the date column. | | , / |
|--------------------------------|-------------------------------|------------------------|
| Total contributions this event | Total expenditures this event | |
| | | Page Total \$ 1.770.00 |
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01/27/05 |
|------------|----------|
| Page | 4 |

| Name of Committee in Full | riescribed by Seci | retary of State 02/01 | | | | | |
|--|--------------------|--|------------------------------------|-----------------------------------|------------|--------|----------|
| Name of Committee in Full Citizens for Dorrigon Committee | | | | | | | |
| Citizens for Dorrian Committee | | | Doci-+ | ion MI | or ien. | C | |
| | | | Registration Number, if PAC CP-569 | | | | |
| SBC Ohio Employee Political Action Co | | · // / · · · · · · · · · · · · · · · · | | | 77 | A | |
| Street Address | Employer/Occupa | ation/Labor Organization* | M | D | Y | Amount | 250.00 |
| 150 E Gay St Room 4a | | T=: : | 0 1 | | 0 5 | | 250.00 |
| City | State | Zip Code | | sh,Check | | | |
| Columbus | O H | 43215 | | Check Registration Number, if PAC | | | |
| Full Name of Contributor | | | Registra | tion Numi | per, if PA | .C | |
| Porter Wright Morris & Arthur LLP | Territoria | | | - | | | |
| Street Address | 1 1 | ation/Labor Organization* | M | D | Y | Amount | 1 000 00 |
| 41 S High St. | Attorney | | | 1 8 | | | 1,000.00 |
| City | State | Zip Code | , | sh,Check | | | |
| Columbus | $O \mid H$ | 43215 | | Checl | | | |
| Full Name of Contributor | | | 1 - | tion Numi | per, if PA | .C | |
| Build Pac of Central Ohio | | | OH : | _ | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | M | D | Y | Amount | |
| 495 Executive Campus Dr | 1 | | 0 1 | | | | 1,000.00 |
| City | State | Zip Code | | sh,Check | | | |
| Westerville | $O \mid H$ | 43082 | | Checl | | | |
| Full Name of Contributor | | Registra | tion Numl | ber, if PA | .C | | |
| Bailey Cavalieri LLC | | | | | | | |
| Street Address | Employer/Occupa | ation/Labor Organization* | M | D | Y | Amount | |
| 10 W Broad St STE 2100 | Attorney | 7 | 0 1 | | | | 250.00 |
| City | State | Zip Code | 1 | ish,Check | | | |
| Columbus | $O \mid H$ | 43215 | | Checl | | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | .C | |
| Edward P. Ferris | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 1959 Collingswood Rd | EP Ferri | s & Assoc | 0 1 | 2 0 | | 1 | 125.00 |
| City | State | Zip Code | Form(Ca | sh,Check | ,etc) | | |
| Upper Arlington | $O \mid H$ | 43221 | | Checl | K | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | C | |
| Charles R Santer | | | | | | | • |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 1320 McCoy Rd | Santer C | Communities | 0 1 | | | | 250.00 |
| City | State | Zip Code | Form(Ca | ash,Check | ,etc) | | |
| Columbus | $O \mid H$ | 43220 | | Checl | Κ. | | |
| Full Name of Contributor | | | Registra | tion Num | ber, if PA | 'C | |
| Joseph A. Ridgeway Jr. | | | | | | | |
| Street Address | Employer/Occup | ation/Labor Organization* | М | D | Y | Amount | |
| 2700 Sherwood Rd | EP Ferri | s & Assoc | 01 | 2 4 | 0 5 | | 125.00 |
| City | State | Zip Code | | sh,Check | | | |
| Columbus | $O \mid H$ | 43209 | 1 | Checl | | | |
| | | | | | | | |

Fill in the boxes below only on the last page for this event.

| in the date column. | | V |
|--------------------------------|-------------------------------|-----------------------|
| Total contributions this event | Total expenditures this event | |
| | | Page Total \$3.000.00 |
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01 /05 /05 |
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| Event Date | 01/27/05 |
| Page | 5 |
| | |

Prescribed by Secretary of State 02/01 Name of Committee in Full Citizens for Dorrian Committee Registration Number, if PAC Full Name of Contributor Crabbe Brown & James Employer/Occupation/Labor Organization* 500.00 500 S Front St STE 1200 1 9 Attornev Zip Code Form(Cash,Check,etc) State City 43215 Check Н Columbus Registration Number, if PAC Full Name of Contributor #OH 821 Bricker & Eckler LLP Employer/Occupation/Labor Organization* Amount Street Address 0 | 1 | 2 | 4 | 0 | 5 5,000.00 100 S Third St Attorney Zip Code Form(Cash,Check,etc) City State 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Donald S. Klco Employer/Occupation/Labor Organization* Amount Street Address 0 1 2 8 0 5 100.00 Anhueser Busch 225 E North Broadway Form(Cash,Check,etc) State Zip Code 43214 Check Columbus Registration Number, if PAC Full Name of Contributor HBI-PAC C00165589 The Huntington Bancshares Inc Employer/Occupation/Labor Organization* 0 1 1 1 1 0 5 1,250.00 41 S High St Zip Code Form(Cash,Check,etc) Check Columbus $\mid H \mid$ 43215 Registration Number, if PAC Full Name of Contributor Citizens for Sensenbrenner Amount Employer/Occupation/Labor Organization* Street Address 500.00 2 7 $0 \mid 5$ 3363 Tremont Rd STE 104C State Zip Code Form(Cash,Check,etc) City 43221 Check Columbus H Registration Number, if PAC Full Name of Contributor Fraternal Order of Police Employer/Occupation/Labor Organization* Amount Street Address 500.00 0 | 1 | 2 | 6 | 0 | 5 520 S High St Form(Cash,Check,etc) State Zip Code Check 43215 Columbus Registration Number, if PAC Full Name of Contributor Ronald W Eifert Employer/Occupation/Labor Organization* Street Address 0 | 1 | 2 | 7 | 0 | 5 250.00 Korda Nemeth Engineer 7052 Lansdowne St. Form(Cash,Check,etc) Zip Code Check | H 43085 Worthington

| rill in the boxes below only on the last page for this event. | |
|---|--|
| Transfer the Total contributions for this event to form No. 31-A. Under Full Name | of Contributor state "Contributions from No. 31-E" and list the date of the even |
| | |

| in the tate commit. | | . / | _ |
|--------------------------------|-------------------------------|------------------------|---|
| Total contributions this event | Total expenditures this event | V | |
| | | Page Total \$ 8.100.00 | |
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01/27/05 |
|------------|----------|
| Page | 6 |
| | |

Prescribed by Secretary of State 02/01 Name of Committee in Full Citizens for Dorrian Committee Full Name of Contributor Registration Number, if PAC Mary S. Duffey Employer/Occupation/Labor Organization* Amount 0 1 1 2 250.00 4740 Haven Run Rd $0 \mid 5$ Attornev Form(Cash,Check,etc) Zip Code 43221 Check Columbus Registration Number, if PAC Full Name of Contributor Thomas Meyer Employer/Occupation/Labor Organization* Amount 0 1 2 7 0 5 250.00 1520 Arlington Ave NW State of Ohio Zip Code Form(Cash,Check,etc) City 43212 Columbus Check Registration Number, if PAC Full Name of Contributor Wiles Boyle Burkholder & Bringardner Employer/Occupation/Labor Organization* D Amount 0 | 1 | 2 | 7 | 0 | 5 250.00 115 W Main St Attorney State Zip Code Form(Cash,Check,etc) Columbus 43215 Check Registration Number, if PAC Full Name of Contributor Paula L Brooks Employer/Occupation/Labor Organization* Franklin County 2 7 0 5 250.00 4585 Benderton Ct Zip Code Form(Cash,Check,etc) Columbus Η 43220 Check Full Name of Contributor Registration Number, if PAC Tv Marsh Street Address Employer/Occupation/Labor Organization* 250.00 2 7 0 5 190 Rustic Pl. Chamber of Commerce Form(Cash,Check,etc) Zip Code Check Columbus | H 43214 Registration Number, if PAC Full Name of Contributor Gideon Development Partners Employer/Occupation/Labor Organization* Amount

0 | 1 | 2 | 7

0 1 2 7

Form(Cash,Check,etc)

Check

Form(Cash,Check,etc)

Check

Registration Number, if PAC

Amount

250.00

250.00

H

Developers

State

Zip Code

Employer/Occupation/Labor Organization*

City of Columbus
State Zip Code

43215

43202

Fill in the boxes below only on the last page for this event.

411 E Town st

William E Poteet

171 Clinton Heights Ave

Columbus

Columbus

Full Name of Contributor

| in the thirty to the transfer of the transfer | | | |
|---|-------------------------------|---|------------------------|
| | | | |
| Total contributions this event | Total expenditures this event | | |
| | · | · | Page Total \$ 1.750.00 |
| | 3 | • | 1 |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01/27/05 |
|------------|----------|
| Page | 7 |

Prescribed by Secretary of State 02/01 Name of Committee in Full Citizens for Dorrian Committee Full Name of Contributor Registration Number, if PAC A Michael Schwarzwalder Employer/Occupation/Labor Organization* Amount 357 Whubbard Ave 0 | 1 | 2 | 7 250.00 City of Columbus 0 | 5 Form(Cash,Check,etc) State Zip Code Columbus 43215 Check Full Name of Contributor Registration Number, if PAC Richard A Cordray Street Address Employer/Occupation/Labor Organization* Amount 2 | 7 4900 Grove City Rd. 0 1 0 | 5 250.00 Franklin County Form(Cash,Check,etc) City Zip Code **Grove City** H 43123 Check Full Name of Contributor Registration Number, if PAC Otto Beatty Ir Employer/Occupation/Labor Organization* Street Address Amount 0 1 2 7 0 250.00 233 S High St. Real Estate Form(Cash,Check,etc) State Zip Code Columbus 43215 Check Registration Number, if PAC Jerome E Friedman Street Address Employer/Occupation/Labor Organization* 0 | 1 | 2 | 7 | 0 | 5 250.00 213 E Oakland Ave Ohio State University Zip Code Form(Cash,Check,etc) 43201 Columbus Η Check Registration Number, if PAC Full Name of Contributor Brunner Firm Co LPA Employer/Occupation/Labor Organization* 250.00 545 E Town St 0 | 5 Attorney Zip Code Form(Cash.Check.etc) 43215 Columbus Check Full Name of Contributor Registration Number, if PAC Committee For Judge Schneider Employer/Occupation/Labor Organization* Amount Street Address 2 4 0 5 250.00 0 1 865 Macon Alley Form(Cash,Check,etc) State Zip Code Columbus 43206 Check Registration Number, if PAC Full Name of Contributor **James Mentel** Street Address Employer/Occupation/Labor Organization* 653 Crescent Rd Not Applicable 0 1 2 7 0 5 250.00 Form(Cash,Check,etc) Zip Code

Η

Fill in the boxes below only on the last page for this event.

Columbus

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|------------------------|
| | | Page Total \$ 1.750.00 |
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43204

Check

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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| R. | C. | 351 | 7.10 |)(B) |

| Event Date | 01/27/05 |
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| Page | 8 |

Prescribed by Secretary of State 02/01 Name of Committee in Full Citizens for Dorrian Committee Registration Number, if PAC Full Name of Contributor Eric D Carmichael Employer/Occupation/Labor Organization* D 1299 Brookwood Pl 250.00 Attorney Zip Code Form(Cash,Check,etc) State 43209 Check Columbus Full Name of Contributor Registration Number, if PAC Marvellen O'Shaughnessy Street Address Employer/Occupation/Labor Organization* Amount 0 | 1 | 2 | 7 0|5 100.00 405 E Town St City of Columbus Form(Cash,Check,etc) State Zip Code City Columbus Н 43215 Check Registration Number, if PAC Full Name of Contributor Ms Mary Jo Hudson Employer/Occupation/Labor Organization* 2|7|0|5150.00 Bailey Cavalleri 0 1 955 Delaware Ave Form(Cash,Check,etc) State Zip Code 43201 Check Columbus Registration Number, if PAC Gregory Carr and Associates Employer/Occupation/Labor Organization* D N/A 0 1 2 7 0 5 50.00 118 E Long St Form(Cash,Check,etc) State Zip Code H 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Margory Fadlev Employer/Occupation/Labor Organization* 2 7 0 5 125.00 298 Topsfield Rd Polis & Simon Realtors Form(Cash,Check,etc) Zip Code 43228 Check Columbus Η Registration Number, if PAC Full Name of Contributor Stephen P Grassbaugh Employer/Occupation/Labor Organization* Amount Street Address 2 7 0 5 250.00 0 | 1 175 S Third St STE 600 Attorney Form(Cash,Check,etc) Zip Code State Check 43201 Columbus Registration Number, if PAC Full Name of Contributor James A Goodenow Employer/Occupation/Labor Organization* Amount 0 1 2 7 0 5 2128 Tall Timbers Ct Cott Systems 250.00 Form(Cash, Check, etc) Zip Code

 $\mid H \mid$

Fill in the boxes below only on the last page for this event.

Columbus

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|------------------------|
| | | Page Total \$ 1.175.00 |

43228

Check

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01/27/05 |
|------------|----------|
| Page | 9 |

Prescribed by Secretary of State 02/01 Name of Committee in Full Citizens for Dorrian Committee Full Name of Contributor Registration Number, if PAC Michael D Long Employer/Occupation/Labor Organization* 0 | 1 | 2 | 7 0 | 5 250.00 5588 Morgan Ct **SWACO** Form(Cash,Check,etc) Zip Code Check Groveport 43125 Registration Number, if PAC Full Name of Contributor Dennis Schwallie Employer/Occupation/Labor Organization* Amount Street Address 0 | 1 | 2 | 6 250.00 8955 Easton Dr Attornev Zip Code Form(Cash, Check, etc) City Pickerington Η 43147 Check Registration Number, if PAC Full Name of Contributor Richard Figley Street Address Employer/Occupation/Labor Organization* Amount 50.00 0 | 1 | 2 | 7 | 0 | 5 761 S Third St Form(Cash,Check,etc) Zip Code 43206 Check Columbus Full Name of Contributor Registration Number, if PAC Edward J Leonard Employer/Occupation/Labor Organization* 125.00 0 1 2 7 0 5 4025 Berry Bush Dr Franklin County Form(Cash,Check,etc) State Zip Code 43020 Check H Columbus Registration Number, if PAC Full Name of Contributor Raj Rajdhyaksha Employer/Occupation/Labor Organization* Street Address 2 7 500.00 0 | 5 270 Valley Run Pl Hetzler DLZ Zip Code Form(Cash,Check,etc) Powell 43065 Check Registration Number, if PAC Full Name of Contributor Iulia L. Dorrian Amount Employer/Occupation/Labor Organization* Street Address 500.00 0 | 1 | 2 | 7 | 0 | 5 130 Northridge Rd **Judge** Form(Cash,Check,etc) Zip Code 43214 Check Columbus Н Registration Number, if PAC Full Name of Contributor Bradford M Sprague Employer/Occupation/Labor Organization* Amount 0 | 1 | 2 | 8 | 0 | 5 250.00 1636 Sherborne Ln **Bond Consultant** Form(Cash,Check,etc) Zip Code 43065 Check Η Powell

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| Total contributions this event | | Total expenditures this event | , | |
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| | | | | Page Total \$ 1.925.00 |
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01/27/05 |
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| Page | 10 |

50.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01 Name of Committee in Full Citizens for Dorrian Committee Registration Number, if PAC Full Name of Contributor David S Borror Employer/Occupation/Labor Organization* Amount Street Address 500.00 2 $0 \mid 5$ 4280 Havden Run Rd Borror Co. Form(Cash,Check,etc) Zip Code 43017 Check Dublin Η Registration Number, if PAC Full Name of Contributor Robert Meyer Jr Employer/Occupation/Labor Organization* Street Address 500.00 0 | 1 | 2 | 6 | $0 \mid 5$ 671 Vivian Ct Borror Co. Form(Cash,Check,etc) Zip Code City Gahanna Check 43230 Η Registration Number, if PAC Full Name of Contributor Donald A Borror Employer/Occupation/Labor Organization* Amount Street Address 0 | 1 | 2 | 5 | 0 | 5 1,000.00 2100 Sheringham Rd Borror Co. Form(Cash,Check,etc) State Zip Code 43220 Check Columbus Registration Number, if PAC Full Name of Contributor **Douglas Borror** Employer/Occupation/Labor Organization* 1,000.00 Borror Co. 0 | 1 | 2 | 5 | 0 | 5 5500 Dublin Rd Form(Cash,Check,etc) State Zip Code Check 43017 Dublin Η Registration Number, if PAC Full Name of Contributor Karen A Winters Employer/Occupation/Labor Organization* Street Address 2 6 $0 \mid 5$ 250.00 2340 Oxford Rd Attorney Form(Cash,Check,etc) Zip Code 43221 Check H Columbus Registration Number, if PAC Full Name of Contributor Gregory W Stype Employer/Occupation/Labor Organization* Street Address 0 | 1 |2 2 0 | 5 250.00 Attorney 2232 Tremont Rd Zip Code Form(Cash,Check,etc) State Check 43221 Columbus Full Name of Contributor Registration Number, if PAC Fredric L Smith Employer/Occupation/Labor Organization* Amount Street Address 250.00 2 2 0 5 2474 Danvers Ct. Attornev Form(Cash,Check,etc) City Zip Code Columbus Η 43220 Check

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| Transfer the Total contributions for this event to form No. 31-A. Under Full Name of | Contributor state "Contributions from form No. 31-E" and list the date of the even |
| in the date column. | |

Fill in the boxes below only on the last page for this event

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| Total contributions this event | Total expenditures this event | |
| | | Page Total \$_3.7 |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01/27/05 |
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| Page | 11 |

Prescribed by Secretary of State 02/01 Name of Committee in Full Citizens for Dorrian Committee Full Name of Contributor Registration Number, if PAC Alex Shumate Employer/Occupation/Labor Organization* Street Address D Amount 250.00 2 4 229 Deer Meadow Dr Attorney 0 | 5 Zip Code Form(Cash,Check,etc) State 43230 Check Gahanna H Full Name of Contributor Registration Number, if PAC Steven F. Mount Street Address Employer/Occupation/Labor Organization* Amount 0 1 2 | 4 | 250.00 8701 Robinhood Cir Attorney Form(Cash,Check,etc) Zip Code State 43082 Check Westerville Registration Number, if PAC Full Name of Contributor Iohn Rvan Gall Employer/Occupation/Labor Organization* Amount 2 | 1 | 250.00 1300 Huntington Center 0 Attornev Zip Code Form(Cash,Check,etc) State Η 43215 Check Columbus Registration Number, if PAC Full Name of Contributor Philomena M. Dane Employer/Occupation/Labor Organization* 250.00 2 7 0 5 4250 Rowanne Rd Attorney 0 | 1 | Form(Cash,Check,etc) Zip Code 43214 Check Columbus Full Name of Contributor Registration Number, if PAC Donald Shackelford Street Address Employer/Occupation/Labor Organization* 250.00 2 9 0 5 21 E State St STE 1400 Fifth Third Bank Form(Cash,Check,etc) City State Zip Code 43215 Check Columbus Н Registration Number, if PAC Full Name of Contributor CPI 1203 M/I Homes PAC Employer/Occupation/Labor Organization* Amount 0 1 2 7 0 5 250.00 3 Easton Oval STE 500 Zip Code Form(Cash,Check,etc) City State 43219 Check Columbus Registration Number, if PAC Full Name of Contributor Jerry Hammond Employer/Occupation/Labor Organization* Amount Street Address 2 0 0 5 250.00 88 E Broad St STE 1770 Hammond & Assoc. 0 | 1 Zip Code Form(Cash,Check,etc) 43215 Check H Columbus

Fill in the boxes below only on the last page for this event.

| in the time column. | | | i | |
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| Total contributions this event | Total expenditures this event | <u></u> | | 7 |
| | | · | Page Total \$ 1.750.00 | |
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01/27/05 |
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| Page | 12 |

| | Prescribed by Sec | retary of State 02/01 | , | | |
|--------------------------------|-------------------|---------------------------------------|-------------------|-------------|----------|
| Name of Committee in Full | | | | | |
| Citizens for Dorrian Committee | | | | | |
| Full Name of Contributor | | | Registration Numb | er, if PAC | |
| Nationwide Better Citizenship | · | | OH 259 | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D | Y Amount | |
| One Nationwide Plaza | | | 0 1 2 7 | 0 5 | 500.00 |
| City | State | Zip Code | Form(Cash,Check | | |
| Columbus | O H | 43215 | Check | | |
| Full Name of Contributor | | | Registration Numb | er, if PAC | |
| Warren W. Tyler | | | | | |
| Street Address | | ation/Labor Organization* | M D | Y Amount | |
| 3409 Seine St | Not App | | 0 2 0 2 | 0 5 | 250.00 |
| City | State | Zip Code | Form(Cash,Check | | |
| Columbus | O H | 43221 | Check | | |
| Full Name of Contributor | | | Registration Numb | er, if PAC | |
| United Steelworkers of America | | | LA 766 | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D | Y Amount | |
| 777 Dearborn Park Ln STE J | | | 0 1 2 7 | | 500.00 |
| City | State | Zip Code | Form(Cash,Check | | |
| Columbus | IOIH | 43085 | Check | | |
| Full Name of Contributor | | | Registration Numb | per, if PAC | |
| Carpenters Local Union No 200 | | | LA 787 | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D | Y Amount | |
| 1545 Alum Creek Dr | | | 0 1 2 7 | 0 5 | 500.00 |
| City | State | Zip Code | Form(Cash,Check | | |
| Columbus | O H | 43209 | Checl | | |
| Full Name of Contributor | | | Registration Numl | er, if PAC | |
| Chester Wilcox & Saxbe | | | OH 843 | | |
| Street Address | Employer/Occup | ation/Labor Organization* | M D | Y Amount | : |
| 65 E State St STE 1000 | | | 0 1 2 0 | | 1,000.00 |
| City | State | Zip Code | Form(Cash,Check | • | |
| Columbus | O H | 43215 | Checl | | |
| Full Name of Contributor | • | | Registration Numl | oer, if PAC | |
| Carlile, Patchen & Murphy LLP | | · · · · · · · · · · · · · · · · · · · | | | |
| Street Address | Employer/Occup | oation/Labor Organization* | M D | Y Amount | |
| 366 E Broad St | Attorne | | 0 1 3 1 | | 1,000.00 |
| City | State | Zip Code | Form(Cash,Check | | |
| Columbus | O H | 43215 | Checl | | |
| Full Name of Contributor | | | Registration Num | ber, if PAC | |
| Robert Reed | | | | | |
| Street Address | Employer/Occur | oation/Labor Organization* | M D | Y Amount | . = |
| 52 Whittier St | Attorne | | 0 1 2 7 | • | 150.00 |
| City | State | Zip Code | Form(Cash,Check | | |
| Columbus | $O \mid H$ | 43206 | Checl | < | |
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| * Require | d for contributions fr | om individuals over \$100 | to statewide and general as: | sembly candidates. If | f contributor is self-er | nployed, occupation rather than emp | ployer |
|-----------|------------------------|----------------------------|------------------------------|-----------------------|--------------------------|-------------------------------------|--------|
| should be | listed. If two or more | e employees contribute via | payroll deduction and exce | eed the aggregate of | \$100, the labor organ | nization of which the employees are | |
| members, | , if any, must appear. | [R.C. 3517.10(B)(4)] | | | | | |

Fill in the boxes below only on the last page for this event.

| Total contributions this event | • | Total expenditures this event | |
|--------------------------------|---|-------------------------------|---------------------------|
| | | | Page Total \$ 3.900.0 |

| Event Date | 01/27/05 |
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| Page | 13 |

Prescribed by Secretary of State 02/01 Name of Committee in Full Citizens for Dorrian Committee Full Name of Contributor Registration Number, if PAC Harrison W Smith Employer/Occupation/Labor Organization* 37 W Broad St 500.00 0 1 Attorney Form(Cash,Check,etc) Zip Code State 43215 Check Columbus Full Name of Contributor Registration Number, if PAC Jeffery L Brown Street Address Employer/Occupation/Labor Organization* Amount 0 | 1 | 2 | 7 37 W Broad St 250.00 Attorney Zip Code Form(Cash,Check,etc) City Columbus 43215 Check Η Registration Number, if PAC Full Name of Contributor Adam Flato Street Address Employer/Occupation/Labor Organization* 0 1 250.00 136 E 64th St Apt 8-E Georgetown 1 3 0 | 5 Zip Code Form(Cash,Check,etc) State 10021 New York Check Registration Number, if PAC Mark Rutkus Street Address Employer/Occupation/Labor Organization* 0 2 0 2 0 5 35.00 55 W Oakland Ave Apt 2 N/A Form(Cash,Check,etc) State Zip Code 43201 Check Columbus Η Registration Number, if PAC Full Name of Contributor Michael A Pirik Employer/Occupation/Labor Organization* 0 3 0 5 250.00 4299 Radmore Rd City of Columbus Zip Code Form(Cash,Check,etc) 43220 Check Upper Arlington Full Name of Contributor Registration Number, if PAC Jackson B Reynolds Employer/Occupation/Labor Organization* Amount Street Address 0 | 1 | 2 | 7 | 0 | 5 250.00 37 W Broad St Attorney Zip Code Form(Cash,Check,etc) City State 43215 Check Columbus Registration Number, if PAC Full Name of Contributor OH 109 Vorys Sater Seymour and Pease llp Employer/Occupation/Labor Organization* Amount 52 E Gay St. 0 | 1 | 2 | 5 | 0 | 5 250.00 Zip Code Form(Cash, Check, etc) City State $O \mid H$ 43215 Check Columbus

Fill in the boxes below only on the last page for this event.

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| Total contributions this event | Total expenditures this event | _ | |
| | | | Page Total \$ 1.785.00 |
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01/27/05 |
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| Page | 14 |

Prescribed by Secretary of State 02/01 Name of Committee in Full Citizens for Dorrian Committee Full Name of Contributor Registration Number, if PAC Ben Zox Street Address Employer/Occupation/Labor Organization* D 250 W Street 2 | 7 250.00 Attorney Zip Code Form(Cash,Check,etc) State Columbus 43215 Check Η Full Name of Contributor Registration Number, if PAC John Gilligan Employer/Occupation/Labor Organization* Amount 250 W Street 0 1 2 7 0 5 Attorney 250.00 Form(Cash,Check,etc) City Zip Code 43215 Check Columbus | H Registration Number, if PAC Full Name of Contributor Jim Davidson Street Address Employer/Occupation/Labor Organization* 2 7 0 250.00 250 W Street Attorney 0 | 1 |Form(Cash,Check,etc) State Zip Code 43215 Check Columbus Full Name of Contributor Registration Number, if PAC Richard Barnhart Employer/Occupation/Labor Organization* D 250.00 250 W Street 0 | 1 | 2 | 7 | 0 | 5 Attorney Form(Cash,Check,etc) State Zip Code Columbus 43215 Check Η Full Name of Contributor Registration Number, if PAC William Nolan Employer/Occupation/Labor Organization* 0 2 0 | 5 250.00 175 Cressingham Attorney Form(Cash,Check,etc) City State Zip Code 43065 Powell Check Full Name of Contributor Registration Number, if PAC Richard Rubenstein Employer/Occupation/Labor Organization* Amount Street Address 0 2 0 2 0 5 250.00 5419 Nelsonia Pl Attorney Form(Cash,Check,etc) State Zip Code Columbus 43213 Check Registration Number, if PAC Full Name of Contributor Lewis R Smoot Sr Employer/Occupation/Labor Organization* Amount Street Address 0 2 0 8 0 5 1,000.00 3919 sunbury Rd The Smoot Corp. Zip Code Form(Cash,Check,etc) State Η 43219 Check Columbus

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| Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contri | butor state "Contributions from form No. 31-E" and list the date of the even |
| in the date column. | |

Total contributions this event

Total expenditures this event

Page Total \$ 2.500.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 01/27/05 |
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| Page | 15 |
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| | Prescribe | d by Secre | etary of State 02/01 | | | | | | | |
|--------------------------------|---------------|-------------|---------------------------|-----------------------------------|-----------------------------|---|----------------|----------|--|--|
| Name of Committee in Full | | | | | | - | | | | |
| Citizens for Dorrian Committee | | | | | | 12- | | | | |
| Full Name of Contributor | | | | | Registration Number, if PAC | | | | | |
| Coleman for Columbus Committee | | | | ļ.,,,,,, | | | | | | |
| Street Address | Employe | r/Occupa | tion/Labor Organization* | M . | D | Y | Amount | 050.00 | | |
| 3886 North High St | <u> </u> | | | 0 2 | | 0 5 | | 250.00 | | |
| City | St | | Zip Code | 1 ' | sh,Check | | | | | |
| Columbus | LO | H | 43214 | Check | | | | | | |
| Full Name of Contributor | | | | Registra | tion Numl | per, if PA | C | | | |
| James Patrick Leahy | | | | | | | | | | |
| Street Address | | • | tion/Labor Organization* | M | D | Y | Amount | | | |
| 3123 Dartford Trace | | | ssociates | | 0 1 | | | 100.00 | | |
| City | Si | | Zip Code | Form(Cash,Check,etc) | | | | | | |
| Columbus | | H | 43017 | | Checl | | | | | |
| Full Name of Contributor | | | | Registra | uon Numi | ber, if PA | C , | | | |
| Mental For Council | T | | | 1, | <u> </u> | T 1 | i | | | |
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| 3886 North High St | | | la: a.t. | 0 3 | | 0 5 | | 1,000.00 | | |
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| Full Name of Contributor | | | | " | | ber, if PA | C . | | | |
| Fifth Third Bancorp PAC | 1,11 | | | _ | 90502 | | r | | | |
| Street Address | Employ | er/Occupa | ation/Labor Organization* | M | D | Y | Amount | 1 000 00 | | |
| 38 Fountain Square Plaza | <u> </u> | | | 0 2 | | | | 1,000.00 | | |
| City | S | tate | Zip Code | 1 | sh,Check | | | | | |
| Cincinnati | LΩ | H | 45202 | Check Registration Number, if PAC | | | | | | |
| Full Name of Contributor | | | | Registra | tion Num | ber, if PA | C | | | |
| Gregory Comfort | 1= : | | | 1 | · - | | [A | | | |
| Street Address | 1 | - | ntion/Labor Organization* | M | D | Y | Amount | E00.00 | | |
| 2275 Onandaga Dr. | | IH & ' | | 0 3 | | | | 500.00 | | |
| City | S | tate | Zip Code | | sh,Check | | | | | |
| Columbus | LO | H | 43221 | Check Registration Number, if PAC | | | | | | |
| Full Name of Contributor | | | | Registra | uon Num | oer, it PA | ·C | | | |
| Nelson Kohman | To : | ·0 | <i>(</i> , 1, . 0, | 1,,- | I r | I V | A mou4 | | | |
| Street Address | 1 | - | ation/Labor Organization* | M | D | Y | Amount | E00.00 | | |
| 10039 Hollow Rd. | | IH & ' | | | 0 6 | | | 500.00 | | |
| Calamahara | s | tate | Zip Code | 1 ' | checl | | | | | |
| Columbus | $\perp 0$ | H | 43062 | | | ber, if PA | C | | | |
| Full Name of Contributor | | | | 1 | | oci, ii PA | | | | |
| UFCW Local 1059 | Empl- | | ation/Labor Organization* | #LA | 43/ D | Y | Amount | ····· | | |
| Street Address | Employ | enoccupa | anon/Labor Organization" | | | $\begin{vmatrix} \mathbf{r} \\ 0 \end{vmatrix} = 5$ | A STROUGH | 250.00 | | |
| 4150 E Main St | 1 . | tate | 7 in Code | | ash,Check | | | 230.00 | | |
| Columbus | ~, | itate H | Zip Code 43213 | 1 ' | Chec! | | | | | |
| Columbus | $\frac{1}{1}$ | _ П | 43213 | 1 | CiteC. | | | | | |

Fill in the boxes below only on the last page for this event.

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| Total contributions this event | Total expenditures this event | V |
| | | Page Total \$ 3.600.00 |
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^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 16 |
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| Page | 1/27/2005 |

Prescribed by Secretary of State 02/01 Name of Committee in Full Citizens for Dorrian Committee Full Name of Contributor Registration Number, if PAC Joyce Bushman Street Address Employer/Occupation/Labor Organization* D Amount 0 3 1 8 100.00 125 Mackenzie Dr. 0 | 5 Form(Cash,Check,etc) Pickerington 43147 Check Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount City State Zip Code Form(Cash,Check,etc) H Check Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount Zip Code Form(Cash,Check,etc) Н Check Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form(Cash,Check,etc) State Zip Code Check Η Full Name of Contributor Registration Number, if PAC Street Address Employer/Occupation/Labor Organization* Amount Form(Cash,Check,etc) State Zip Code Check Η Registration Number, if PAC Full Name of Contributor Street Address Employer/Occupation/Labor Organization* Form(Cash,Check,etc) Zip Code State Check Full Name of Contributor Registration Number, if PAC Street Address Amount Employer/Occupation/Labor Organization* City Zip Code Form(Cash,Check,etc) Check H

Fill in the boxes below only on the last page for this event.

45,705,00

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event

Total expenditures this event

12,583,25

Page Total \$

100.00

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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| R. | .C. | 35 | 17. | 10 |

| Event Date | 1-27-05 |
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| Page | <u> </u> |

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | | <u> </u> | | | | | |
|-----------------------------------|-------------|-------------|---------------------------------------|-----------|-----------|-------|--------------|------------|
| Name of Committee in Full | | | | | | | | |
| Citizens for Dorrian Committee | | | | | | | | |
| To Whom Paid | | | | М | D | Y | Amount | |
| Postmaster | | | | 0 1 | 0 7 | 0 5 | | 629.00 |
| Address | Purpose | - | | 1 - 1 - | | | • | |
| | Stam | ทร | | | | | | |
| City | Sta | | Zip Code | Check N | lumber | | | |
| | | | | 1 | 2112 | | | |
| To Whom Paid | <u> </u> | | | М | D | Y | Amount | |
| Tacticaledge | | | · · · · | 0 1 | $ _{1 4}$ | 0 5 | | 1,000.00 |
| Address | Purpose | | | 10,1 | 1.4.1.4 | 1010 | 1 | 1,000.00 |
| 929 Harrison Ave., | 1 . | ultin | g/ Fundraiser | | | | | |
| City | | ate | Zip Code | Check N | lumber | | | |
| Columbus | | Н | 43215 | 1 | 2113 | | | |
| To Whom Paid | | | 10210 | М | D | Y | Amount | |
| Franklin County Veterans Memorial | | | | 0 1 | 1 8 | 0 5 | | 200.00 |
| Address | Purpose | | | 10 1 | 110 | 1010 | L | 200.00 |
| 300 W Broad St. | 1 - | n ron | tal deposit | | | | | |
| City | | | Zip Code | Check N | lumber | | | |
| Columbus | | H | 43215 | | 2114 | | | |
| To Whom Paid | 10 | 11 | 40210 | М | D | ΙΥ | Amount | |
| Toll House Jazz Band | | | | 0 1 | 2 7 | 0 5 | 1 | 630.00 |
| Address | Purpose | | | 10 1 | 12/7 | 1015 | 1 | 000.00 |
| 8879 Linksway Dr. | 1 . | for F | Event | | | | | |
| City | | ate | Zip Code | Check N | lumber | | | |
| Powell | | Н | 43065 | | 2117 | , | | |
| To Whom Paid | 10 | | 10000 | М | D | Y | Amount | |
| Sodexho, INC. & Affiliates | | | | 01 | 111 | 0 5 | | 1,842.24 |
| Address | Purpose | | | 10 1 | 111 | 1015 | <u> </u> | 1,012.21 |
| 300 W Broad St. | Cate | | | | | | | |
| City | | ate | Zip Code | Check N | lumber | | 1 | |
| Columbus | 0 | Н | 43215 | | 2124 | | | |
| To Whom Paid | 10 | | 10210 | М | D | Y | Amount | |
| Franklin County Veterans Memorial | | | | 01 | 111 | 0 5 | 1 | 552.36 |
| Address | Purpose | | · · · · · · · · · · · · · · · · · · · | 1011 | 1 - 1 - | 1010 | L | |
| 300 W Broad St. | Rent | al of i | Room/Insurance | / PA c | pera | tor | | |
| City | | ate | Zip Code | Check N | | | | |
| Columbus | | Н | 43215 | | 2123 | , | | |
| To Whom Paid | | | | М | D | Y | Amount | |
| Tacticaledge | | | | 0 2 | 2 5 | 0 5 | | 1,000.00 |
| Address | Purpose | | | . · · · · | 1 1 | | A | -,-,-,-,-, |
| 929 Harrison Ave., | 1 ' | uiltin | g/ Fundraiser | | | | | |
| City | | ate | Zip Code | Check N | vumber | | | |
| Columbus | 0 | Н | 43215 | .1 | 2127 | 7 | | |
| Columbus | <u> </u> | | 18218 | 1 | | | | |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 5.853.60

| Event Date | 1-27-05 |
|------------|---------|
| Page | 3 |

Statement of Expenditures for Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full | | | | | | | | |
|--------------------------------|---------|-------|-----------------|-----------|--------|----------|----------|----------|
| Citizens for Dorrian Committee | | | | | | , | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| TacticalEdge | | | | 0 3 | 2 1 | 0 5 | | 1,979.15 |
| Address | Purpose | | | | | | | |
| 929 Harrison Ave Ste 305 | | | /Graphic Design | | | · · | | |
| City | Sta | | Zip Code | Check N | | | | |
| Columbus | 0 | Н | 43215 | | 2132 | | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| TacticalEdge | | | | 0 3 | 2 8 | 0 5 | | 4,750.50 |
| Address | Purpose | | | | | | | |
| 929 Harrison Ave Ste 305 | | sulti | | | | | | |
| City | St | | Zip Code | Check N | | | | |
| Columbus | 0 | Н | 43215 | | 2134 | | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| | | | | | | | | |
| Address | Purpose | | | - | | | | |
| | | | | | | | | |
| City | St | | Zip Code | Check N | lumber | | | |
| | 0 | Н | | | | . | | |
| To Whom Paid | | | | М | D | Υ - | Amount | • * |
| | | | | | | | | |
| Address | Purpose | - | | | | | | |
| | | | | | | | | · |
| City | St | ate | Zip Code | Check N | lumber | | | |
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| To Whom Paid | | | | M | D | Y | Amount | |
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| Address | Purpose | | | | | | | |
| | | | | r | | | | |
| City | St | ate | Zip Code | Check N | lumber | | | |
| | | | | | | | | |
| To Whom Paid | | | | M | D | Y | Amount | |
| | | | | | | | L | |
| Address | Purpose | | | | | | | |
| | | | | · · | | | | |
| City | St | ate | Zip Code | Check N | Number | | | |
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| To Whom Paid | | | | M | D | Y | Amount | |
| | , | | | \coprod | | | <u></u> | |
| Address | Purpose | | | | | | | |
| | | | | | | | | |
| City | St | ate | Zip Code | Check N | Vumber | | | |
| | | | | | | | | |

Transfer total expenditures for this event to Form No. 31-B. Under the "To Whom Paid" state "Expenditures from Form 31-F" and list the date of the event in the date column.

Page Total \$ 6.729.65